Original - Court 1st copy - Applicant Copies - All appearing parties

Approved, SCAO

Date

STATE OF MICHIGAN
JUDICIAL DISTRICT
JUDICIAL CIRCUIT

DEFAULT REQUEST, AFFIDAVIT, ENTRY AND JUDGMENT (SUM CERTAIN)

CASE NO.

		(SUM CERTA	IN)	
Court address				Court telephone no.
Plaintiff name(s), address(es), and telephone		Defendant name(s), add	dress(es), and telephone no(s).	
		v		
Plaintiff attorney, bar no., address, and teleph		Defendant attorney, bar no., address, and telephone no.		
Porty in default				
Party in default:	DE		TIDAVIT	
		QUEST AND AF		
 According to court rule, I request to The claim against the defaulted pa 				e for failure to appear. ition can be made certain, and plaintiff
requests judgment of the amount of				
Damages Interest \$	Costs	Other*	Total \$	*Attach bill of costs
3. The defaulted party is not an infan	\$ t or incompeter	·	Φ	Attach bill of costs
4. The defaulted party ☐ is not in	the military ser	vice. \Box is in the		here has been notice of the pendency
of the action and adequate time ar 5. The claim ☐ is ☐ is not base				s attached for filing and cancellation by clerk)
		other whiteh evi	derioe (ii 30, evidence ii	s attached for ming and cancellation by cicity.
		Appli	cant/Attorney signature	Bar no.
Subscribed and sworn to before me of			County, Michigan.	
	Date			
My commission expires:		Signature:	Deputy court clerk/Notary	public
	DEEALI	LT ENTRY AND		
The default of the party named show				
The default of the party named above	e for failure to a	ppear is entered		
For:		Against:		
☐ A note or other written evidence of	indehtedness	has been filed fo	r cancellation	
IT IS ORDERED that this judgment				/ rates.
Date		Court	t clerk/Judge	
Judgment has been entered and will be	final unless withi	n 21 days of defau	ılt judgment date a mot	ion to set aside default is filed.
	CE	RTIFICATE OF	MAILING	
I certify that a copy of this judgment wa	s served on the	other party(ies) o	r their attorney(s) by c	ordinary mail at the above address(es).

Signature